

Janet Napolitano
Governor

Christina M. Sorenson, O.D.
President

Caroline Griego, O.D.
Vice President



Arizona State Board of Optometry
1400 West Washington, Suite 230
Phoenix, AZ 85007

Margaret Whelan
Executive Director

Telephone (602) 542-3095 • Fax (602) 542-3093

REGULAR APPLICANTS: The Board accepts Parts, I, II & III of the National Board of Examiners in Optometry examination, in lieu of any additional state practical. Therefore, the only additional testing currently required for regular applicants is the Jurisprudence examination. The exam is administered on the second Friday of each month. You must submit a completed application at least 30 days prior to the Jurisprudence exam before you are eligible to take the exam. Please see the enclosed information for regular applicant requirements for licensure for details.

ENDORSEMENT APPLICANTS: The Board reviews endorsement applications on a case-by-case basis. Endorsement applicants are required to take and pass the Jurisprudence examination. The exam is administered on the second Friday of each month. You must submit a completed application at least 30 days prior to the Jurisprudence exam before you are eligible to take the exam.

Please note that while a practical examination or test is not mandated, the Board does have the authority to request such to determine if an applicant possess a minimum level of competency. Please see the enclosed information for endorsement applicants for licensure details.

If you have any questions, please contact Paula Hollins, Licensing Administrator at (602) 542-8164 or paula.hollins@optometry.az.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "M. Whelan", is written above the printed name.

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The following items must be submitted to administratively complete your application. The Arizona State Board of Optometry conducts primary source verification of education, training, and national examination scores. Therefore, verification documents must be mailed directly to the Board from these entities.

Please send all documentation to the Arizona State Board of Optometry, 1400 West Washington, Suite 230, Phoenix, AZ 85007.

Please note: The application cannot be approved by the Board until **ALL** documentation has been received from the applicant and the primary source verifying entities.

**1) Copy of two of the following documents:
(Regular & Endorsement Applicants)**

- ☐ Certified copy of Birth Certificate.
- ☐ Passport.
- ☐ Baptismal Certificate.
- ☐ Alien Registration Card.
- ☐ Naturalization Certificate.

**Copy of either of the following name change
documents, if applicable:
(Regular & Endorsement Applicants)**

- ☐ Marriage License (Women only)
- ☐ Official Name Change through the Court.

2) The following items are to be completed and enclosed. (Regular & Endorsement Applicants):

- ☐ Arizona Application for License to Practice the Profession of Optometry.
- ☐ Fingerprint Card completed by an authorized Criminal Justice Agency (Police Department).
- ☐ Cashier's Check or Money Order in the amount of \$24.00 made payable to the Department of Public Safety (DPS). Finger printing fees are not refundable.
- ☐ Cashier's Check or Money Order in the amount of \$150.00 for a Regular Application or \$300.00 for an Endorsement Application. Application fees are not refundable.

3) The following items must be received directly from the Educational Institution and/or National Board. (Regular & Endorsement Applicants):

- ☐ Certified Copy of Optometry School and Pre-Optometry/Undergraduate Transcripts.
- ☐ Official/Certified copies of National Board of Examiners in Optometry examination scores.
- ☐ Satisfactory completion of a course of study by the board in didactic education, pharmacology and clinical training in the examination, diagnosis and treatment of conditions of the human eye and its adnexa that total at least 120 in addition to the successful passage of a written examination as prescribed by the Board. A minimum of 12 hours of pharmacologic principles in the side effects, adverse reactions,

drug interactions, use of systemic antibiotics, analgesics, antipyretics, antihistamines, over-the-counter medications, and medications and procedures to counter the affect of adverse reaction.

4) The following items are to be completed and enclosed. (Endorsement Applicants Only):

- ☐ Application Supplement #2.

5) The following items must be sent directly from a State Agency. (Endorsement Applicants Only):

- ☐ Application Supplement #1.
- ☐ Applicable States' Statutes, Rules and/or regulations.

6) The following item must be requested by you. It will not be mailed to the Board. You must forward a copy to the Board when you receive it.

- ☐ National Practitioner Data Bank/Healthcare Integrity and Protection Databank Self-Query.

To facilitate the timely processing of all applications, please allow 10 days after receipt of your application before calling for a status of your application. Status of your license application will only be provided to the applicant or to one representative as designated in writing by the applicant. The Board will advise you in writing that the application has been received as well as what, if anything, is deficient from the application.

****Pursuant to A.R.S. §32-3208, an applicant, after submitting an initial application, who has been charged with a misdemeanor or felony involving conduct that may affect patient safety must notify the regulatory board in writing within ten working days after the charge is filed. Please contact the Board for a list of reportable misdemeanors.**

REGULAR APPLICANT REQUIREMENTS FOR ARIZONA OPTOMETRIC LICENSURE

Regular applicants are traditionally those individuals that have recently graduated from an accredited School of Optometry or those individuals that have been licensed and practicing in another State for less than five (5) years.

- A. Must have graduated from a nationally accredited School of Optometry. Accredited means that an educational institution is officially approved by the New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, Western Association of Schools and Colleges, or the American Optometric Association Council on Optometric Education to offer courses in optometry.
- B. Must have successfully passed Parts I, II, & III of the National Board of Examiners in Optometry licensing examinations, and Part III having been passed not more than five (5) years prior to application date.
- C. Must have successfully passed the Arizona Examination with a total score of at least 75%.
- D. Must submit a National Practitioner Data Bank/Healthcare Integrity and Protection Databank Self-Query to the Board. To obtain information (self-query) from the NPDB-HIPDB, please visit <http://www.npdb-hipdb.hrsa.gov/>, click on "Perform a Self-Query" under the Quick List on the right-hand side of the page. If you do not have Internet access, contact the Customer Service Center at 1-800-767-6732 8:30-6 p.m. EST, M-F.
- E. Must have submitted a complete application including **all** required information within the mandated time frames and deadlines.
- F. Must pay all required application and licensing fees.
- G. Must be of good moral character.

The Board may conduct an investigation of an applicant's character, ability and experience. For the purposes of such an investigation the Board may subpoena witnesses, administer oaths and take testimony with respect to the character of the applicant or to any matter affecting the application.

Licensure requirements are set by statute and rule and cannot be waived by the Board.

ENDORSEMENT APPLICANT GENERAL REQUIREMENTS FOR ARIZONA OPTOMETRIC LICENSURE

Endorsement applicants are traditionally those optometrists that are currently licensed in another State and have practiced at least four (4) out of the last five (5) years immediately preceding the date you file an endorsement application.

- A. Must have graduated from a nationally accredited School of Optometry. Accredited means that an educational institution is officially approved by the New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, Western Association of Schools and Colleges, or the American Optometric Association Council on Optometric Education to offer courses in optometry.
- B. Must submit a license, or certified copy of a current/valid license issued by another state licensing jurisdiction. The privileges and authorities of your licensing in that jurisdiction should meet or exceed the current requirements and standards of Arizona licensees. (The Board will make this determination after an applicant has submitted an application and the appropriate documents) **In the event that requirements are not equivalent, applicants may be required to take an approved course of study and/or examination to eliminate any differences.** The Board will apply the same standards for an endorsement applicant as those for current Arizona licensees.

Currently, Arizona licensees may prescribe, dispense and administer over-the counter, diagnostic, topical, therapeutic and oral prescription pharmaceuticals subject to the pharmaceutical agent classification specified in section A.R.S. 32-1728.

- C. Must have completed at least a 120-hour course of study in the area of didactic education, pharmacology and clinical training in the examination, diagnosis and treatment of conditions of the human eye and its adnexa. These 120 hours must be transcript quality coursework that builds a progressive knowledge base in the above referenced areas. In addition there must be a minimum of 12 hours of pharmacologic principals in the side effects, adverse reactions, drug interactions, and systemic antibiotics, analgesics, antipyretics, antihistamines, over the counter medications, and medications and procedures to counter the affect of adverse reactions.
- D. Must successfully pass the Arizona Jurisprudence Test with a score of at least 75%.
- E. Must hold a license in good standing from any State in which you have held or currently hold a license. Applicant shall not have been suspended or revoked by any other state for any cause, which is a basis of suspension or revocation of a license under this chapter.
- F. May not have previously failed the examination in this state subsequent to admission to practice in such other state.
- G. Must have submitted a complete application including all required information within the mandated time frames and deadlines.
- H. Must submit a National Practitioner Data Bank/Healthcare Integrity and Protection Databank Self-Query to the Board. To obtain information (self-query) from the NPDB-HIPDB, please visit <http://www.npdb-hipdb.hrsa.gov/> , click on "Perform a Self-Query" under the Quick List on the right-hand side of the

page. If you do not have Internet access, contact the Customer Service Center at 1-800-767-6732 8:30-6 p.m. EST, M-F.

- I. Must pay all required application and licensing fees.
- J. Must be of good moral character.

The Board may conduct an investigation of an applicant's character, ability and experience. For the purposes of such an investigation the Board may subpoena witnesses, administer oaths and take testimony with respect to the character of the applicant or to any matter affecting the application. Licensure requirements are set by statute and rule and cannot be waived by the Board.

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ARIZONA STATE BOARD OF OPTOMETRY

LICENSING FEE SCHEDULE

Effective July 1, 2002

INITIAL APPLICATION FEES:¹

REGULAR APPLICATION	\$150.00
ENDORSEMENT APPLICATION	\$300.00
FINGERPRINT CARD PROCESSING	\$24.00

INITIAL LICENSING FEES ON A PRORATED BASIS:¹

REGULAR APPLICANT	\$400.00
ENDORSEMENT APPLICANT	\$400.00

RENEWAL LICENSING FEES :¹

BIENNIAL LICENSE RENEWAL	\$400.00
CERTIFICATE OF SPECIAL QUALIFICATION (TPA or DPA)	\$20.00

DUPLICATE LICENSE AND CERTIFICATE FEES:¹

WALL LICENSE FEE	\$30.00
OPTOMETRY STATUTE & RULE PAMPHLET	\$5.00

¹ Pursuant to A.R.S. § 32-1727, "Fees are not refundable."



Arizona State Board of Optometry

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OFFICE USE ONLY

APPLICATION FOR LICENSE TO PRACTICE THE PROFESSION OF OPTOMETRY

TYPE or PRINT

Type of application: (Check one)

☐ Regular Application (\$150.00 application and \$24.00 fingerprint fee)

☐ Endorsement Application (\$300.00 application and \$24.00 fingerprint fee)

The application fee of \$150.00 for regular, or \$300.00 for endorsement applications may be a personal check, cashier's check or money order made out to the Arizona State Board of Optometry and must accompany this application.

The **fingerprinting fee** of \$24.00 must be in the form a **cashier's check or money order only** and made out to the Department of Public Safety. Fees are not refundable. A.R.S. §32-1727 (B)

Attach an approximate 2" x 3" photograph of passport quality of your head and shoulders only.

Photo must have been taken within the past 6 months and be signed in ink across the lower portion of the front side.

Proofs, negatives, Polaroid, and cut-off photos are not acceptable.

APPLICATION AND INITIAL REGISTRATION

1. Present Legal Name: _____
(Last) (First) (Middle) (Maiden)

(a) Other names used: _____

2. Address of Record/Current Mailing Address:

(a) _____
(Number) (Street) (City) (State) (Zip)

3. Telephone Number: _____
(Include area code)

4. Social Security Number: _____ 5. Date of Birth: _____

6. Location of Birth: _____
(City, County, State)

7. Residential Addresses during the past five years:(include present address if different from address of record/ mailing address)

(a) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

(b) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

(c) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

(d) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

(e) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

Attach separate sheets as needed for additional residential addresses.

EDUCATIONAL BACKGROUND:

8. Accredited Optometric School:

(a) _____
(Name) (Address)

(b) _____ (c) From _____ To _____
(Date of Graduation) (Dates of Attendance)

9. Pre-Optometric School/Undergraduate Degree:

(a) _____
(Name) (Address)

(b) _____ (c) From _____ To _____
(Date of Graduation) (Dates of Attendance)

10. High School:

(a) _____
(Name) (Address)

(b) _____ (c) From _____ To _____
(Date of Graduation) (Dates of Attendance)

11. Other Schools attended: (Name, location, dates, certificate/diploma)

(a) _____

(b) _____

Attach separate sheets as needed for additional educational background.

PREVIOUS OPTOMETRIC EXPERIENCE:

12. My previous Optometric experience is as follows (Give full details. If none, state NONE): _____

(a) Practice was operated as: Select those that apply: (Individual) (Partnership) (Employed by) (Leased department)

(b) Space was leased from _____

(c) Located at (Street, City, State) _____

(d) In the (Name of building or Company) _____

Attach separate sheets as needed for additional Optometric experience.

PREVIOUS WORK EXPERIENCE:

14. Work experience or occupation the past five years (Other than Optometric or Optical) is as follows: _____
- _____
- _____

Attach separate sheets as needed for additional Work experience.

PREVIOUS STATE BOARD EXAMINATIONS:

15. I have taken the following State Board examinations: (Include Optometric and any other state license and/or registration previously held.)
- (a) State: _____ Date: _____ Passed: _____ Failed: _____
- (b) State: _____ Date: _____ Passed: _____ Failed: _____
- (c) State: _____ Date: _____ Passed: _____ Failed: _____
- (d) State: _____ Date: _____ Passed: _____ Failed: _____

Attach separate sheets as needed for additional State Board Examination.

CURRENT STATE LICENSES/REGISTRATIONS HELD:

16. I currently hold the following State license/ and/or registration/s: (Include both Optometric and any other state license and/or registrations currently held.)
- (a) State: _____ Type: _____ Date Issued: _____ Expiration Date: _____
- (b) State: _____ Type: _____ Date Issued: _____ Expiration Date: _____
- (c) State: _____ Type: _____ Date Issued: _____ Expiration Date: _____
- (d) State: _____ Type: _____ Date Issued: _____ Expiration Date: _____

Attach separate sheets as needed for additional State Board Examination.

PREVIOUS STATE LICENSES/REGISTRATIONS HELD:

17. I previously held the following State license/s and/or registration/s: (Include Optometric and any other state license and/or registrations currently held.)
- (a) State: _____ Type: _____ Date Issued: _____
- Reason license/registration is no longer valid: _____
- (b) State: _____ Type: _____ Date Issued: _____
- Reason license/registration is no longer valid: _____
- (c) State: _____ Type: _____ Date Issued: _____
- Reason license/registration is no longer valid: _____
- (d) State: _____ Type: _____ Date Issued: _____
- Reason license/registration is no longer valid: _____

Attach separate sheets as needed for additional State Board Examination.

BACKGROUND/CHARACTER/COMPETENCY QUESTIONS:

(Circle One)

18. Have you ever been denied the right to take an examination for Optometric Licensure by any state or jurisdiction? YES NO

- | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 19. | Have you ever been refused an Optometric License or renewal in any state or jurisdiction? | YES | NO |
| 20. | Has your license or certificate of registration to practice Optometry ever been suspended or revoked by an optometric licensing agency, board or equivalent? | YES | NO |
| 21. | Has any disciplinary action ever been instituted against you by an optometric licensing agency or equivalent? | YES | NO |
| 22. | Have you ever been convicted of, plead guilty or no contest to, or entered into diversion in lieu of prosecution for any criminal offense in any jurisdiction of the United States or foreign country? (If yes, include a certified copy of the police report and final action) | YES | NO |

THE FACT THAT A CONVICTION OR CRIMINAL OFFENSE HAS BEEN PARDONED, EXPUNGED OR DISMISSED, OR THAT YOUR CIVIL RIGHTS HAVE BEEN RESTORED DOES NOT MEAN THAT YOU CAN ANSWER "NO" TO QUESTION #22.

**** Pursuant to A.R.S. §32-3208, an applicant, after submitting an initial application, who has been charged with a misdemeanor or felony involving conduct that may affect patient safety must notify the regulatory board in writing within ten (10) working days after the charge is filed. You may contact the Board for a list of reportable misdemeanors.**

- | | | | |
|-----|------------------------------------------------------------------------------------------------------|-----|----|
| 23. | Have you been addicted to narcotic substances or habitually abused alcohol within the last 10 years? | YES | NO |
| 24. | Are you presently addicted to narcotic substances or do you presently habitually abuse alcohol? | YES | NO |

Pursuant to A.A.C R4-21-201(A)(17), if you answered **YES** to any of the questions in this section, you must provide a complete detailed explanation including dates and records. Include all instances if there was more than one occurrence.

I have included the necessary information to fully respond to each of the foregoing statements and to provide complete details concerning each exception to the statements printed in this section. _____ (Initial if appropriate)

SWORN STATEMENT:

State of: _____

County of: _____

I, _____ being first duly sworn, upon my oath deposes and says,
(Applicant)
 that I am the person referred to in the foregoing application; that the attached photograph was taken within the last three months and is a true likeness of the applicant; that the applicant has read this application and knows the contents thereof; and that the statements and matters contained therein are true to the best of the applicants knowledge, information and belief.

I am aware that a materially false statement in this application constitutes grounds for withholding or revoking my license to practice Optometry in Arizona.

Signature of applicant: _____

Subscribed and sworn to before me this _____ day of _____ 20____

My commission expires: _____

(OFFICIAL STAMP)

 Signature of Notary Public



Arizona State Board of Optometry

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Phoenix, AZ 85007

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OFFICE USE ONLY

STATE BOARD CERTIFICATION AND LICENSE VERIFICATION ENDORSEMENT APPLICATION SUPPLEMENT #1

TYPE or PRINT

THE _____ OF _____
Name of Board State

LOCATED AT _____
Address City Zip

I, _____,
Name Title

hereby certify that _____
Name of Applicant License No. Date of Issue

is and has been licensed to practice optometry for not less than four of the past five years in the State of _____ and
received certification to use diagnostic, therapeutic/topical, oral pharmaceutical agents on _____ and that my
(Circle all that apply)
license and/or certificate and registrations are in good standing.

Is the applicant known to have been licensed to practice optometry in any other state and, if yes, the name(s) of that state:

Yes No

State the basis for and result of any disciplinary action taken against the applicant within the preceding 10 years including

Censure _____ Probation _____ Suspension _____ Revocation _____ Other _____

Are there any pending investigations or complaints regarding the applicant _____ Yes _____ No

If so, please describe: _____

PLEASE PROVIDE A COPY OF LICENSING REQUIREMENTS FOR YOUR STATE

The State of _____ may grant reciprocity/endorsement to any Arizona licensed optometrist whose qualifications meet or exceed the requirements for licensure in this state.

Given this _____ day of _____ 200____, under the seal and signature of _____
State Board/Agency

Signature Title

OR: SWORN BEFORE ME THIS _____ DAY OF _____ 200____

Notary Public (OFFICIAL STAMP)



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OFFICE USE ONLY

STATE BOARD CERTIFICATION AND LICENSE VERIFICATION ENDORSEMENT APPLICATION SUPPLEMENT #2

TYPE or PRINT

SWORN STATEMENT:

I, _____, hereby apply for licensure by endorsement in the State of Arizona.
Applicant

I swear that the following statements are true and correct:

- (1) I have been engaged in the practice of optometry in the State of _____ for at least 4 out of the past 5 years.
- (2) I have not previously failed to pass the Arizona examination subsequent to receiving my license from the State of _____.
- (3) I will have successfully completed a course of study in clinical pharmacology, which meets the Arizona Board's criteria in didactic education, pharmacology and clinical training in the examination, diagnosis, and treatment of conditions of the human eye and its adnexa that total at least 120 hours. The course/s must include a minimum of 12 hours of pharmacologic principals in the side effects, adverse reactions, drug interactions, and medications and procedures to counter the affect of adverse reactions.

I understand that any false statement/s may result in a denial and/or revocation of licensure.

Signature of Applicant

STATE OF: _____

COUNTY OF: _____

Subscribed and sworn to before me this _____ day of _____ 200____

Notary Public

My commission expires: _____

(OFFICIAL STAMP)

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COMPLETION OF APPLICANT FINGERPRINT CARDS

To establish uniform reporting pertinent to applicant fingerprint cards, the following information is required for each fingerprint card.

- A. Information should be legible and typed or printed in **black or blue ink**.
- B. Applicant's name should start with last name, then first and middle as specified on card.
- C. Date of birth is required and should be in MM/DD/YY format. If unknown, the approximate age or year of birth must be shown.
- D. Place of birth should only include the State or Country, using authorized coded abbreviations.
- E. **PLEASE INCLUDE SOCIAL SECURITY NUMBER.** Cards cannot be processed without it.
- F. **DO NOT BEND THE FINGERPRINT CARD.**
- G. To conform with ACIC and NCTC reporting system, the following abbreviations should be used:

For physical identification.

1. Race

- (A) For Asian/Pacific Islander
- (B) For Black
- (I) For American Indian/Alaskan Native
- (W) For White
- (U) For Unknown

2. Height: Use feet and inch measurements, i.e., 5'11" for 5 feet, 11 inches, not 71 inches.

3. Weight: Should be shown in whole numbers.

4. Eye Color:

- | | |
|-----------------|----------------|
| BLK For Black | GRN For Green |
| BLU For Blue | HAZ For Hazel |
| BRO For Brown | MAR For Maroon |
| GRY For Gray | PNK For Pink |
| XXX For Unknown | |

5. Hair Color:

- | | |
|----------------|--------------------|
| BLK For Black | GRY For Gray |
| BLN For Blonde | RED For Red-Auburn |
| BR For Brown | SDY For Sandy |
| WHI For White | XXX For Unknown |

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ALL ENDORSEMENT APPLICANTS PLEASE SUBMIT THIS FORM FOR VERIFICATION

Please Send this Letter to Your College Of Optometry

The following item must be submitted to complete your application. The Arizona State Board of Optometry conducts primary source verification of education, training, and national examination scores; therefore, verification documents must be mailed directly to the Board from these entities. All documentation is to be sent to the Arizona State Board of Optometry, 1400 West Washington, Suite 230, Phoenix, AZ 85007.

Please note: The application cannot be approved until **ALL** documentation has been received from the applicant and the primary source verifying entities.

Copy this information on to College of Optometry Letterhead

_____ Provided _____
Institution Doctor

With _____ hours of transcript quality didactic education (must be at least 120 hours), pharmacology and clinical training in the examination, diagnosis, and treatment of conditions of the human eye and adnexa. With a minimum of (12 hours) of pharmacologic principles in the side effects, adverse reactions, drug interactions, use of systemic antibiotics, analgesics, antipyretics, antihistamines, over-the-counter medications, and medications and procedures to counter the affect of adverse reactions. The education was provided from (Date) _____ to (Date) _____.

How many of the above hours are equivalent to the education received by an August 6, 1999 graduate of your Institution? _____.

Signature of School Representative: _____

Title: _____

Date: _____

ARIZONA STATE BOARD OF OPTOMETRY LICENSING STATUTES & RULES (IN PART)

ARIZONA REVISED STATUTES:¹

32-1706. Use of pharmaceutical agents

A. A licensee may prescribe, dispense and administer over-the-counter pharmaceuticals and topical prescription pharmaceuticals subject to the pharmaceutical agent classifications specified in section 32-1728.

B. A licensee may prescribe, dispense and administer the following oral prescription pharmaceuticals subject to the pharmaceutical agent classifications specified in section 32-1728:

1. Antibiotics classified as tetracycline and its derivatives, cephalosporins, penicillin and its derivatives and erythromycin, azithromycin and clarithromycin. A licensee may prescribe these antibiotics for any one patient for each occurrence for a period not more than the day limit recommended by the manufacturer or by the physicians' desk reference. If the patient's condition is other than blepharitis and does not improve during the first seventy-two hours of treatment by means of an oral antibiotic, the licensee shall consult with the patient's primary care physician or other family physician for the purpose of referral of the patient to a physician who specializes in ophthalmology, infectious diseases, internal medicine or neurology. After the referral has been made, the licensee shall consult with the specialist. The licensee shall note the consultation in the patient's file. If the treatment is by oral antibiotics for blepharitis and if the patient's condition does not improve during the first ten days of treatment, the licensee shall request the patient's primary care physician or other family physician to refer the patient to a physician who specializes in ophthalmology, infectious diseases, internal medicine or neurology. On notification of the referral the licensee shall consult with the specialist. The licensee shall note the consultation in the patient's file. If the condition is not resolved at the end of the normal treatment period, the licensee shall request the patient's primary care physician or other family physician to refer the patient to a physician who specializes in ophthalmology, infectious diseases, internal medicine or neurology. On notification of the referral the licensee shall consult with the specialist. The licensee shall note the consultation in the patient's file. A licensee shall not prescribe, dispense or administer an oral antibiotic to a person who is under six years of age. For the purposes of this paragraph, "physician" means a person who is licensed pursuant to chapter 13 or 17 of this title.

2. Antihistamines. A licensee may prescribe an antihistamine for not more than seven days for any one patient for each occurrence. If the patient's condition does not improve during the first seven days of treatment, the licensee shall refer the patient to the patient's primary care physician or other physician licensed pursuant to chapter 13 or 17 of this title.

3. Nonprescription nonsteroidal anti-inflammatory agents. A licensee may prescribe, dispense and administer these agents in dosages that exceed over-the-counter dosages but that do not exceed maximum dosages of counterpart prescription nonsteroidal anti-inflammatory agents.

C. A licensee may prescribe, dispense and administer a schedule III controlled substance only if it is an analgesic.

D. A licensee shall not prescribe, dispense or administer the following prescription substances:

1. An oral steroid.
2. An oral antifungal.
3. An oral antiviral.
4. An oral carbonic anhydrase inhibitor.
5. An oral antimetabolite.
6. An oral immunosuppressive.
7. A substance administered intravenously.

8. Except as provided in subsection E, substances administered by injection.

9. A schedule I, II, IV or V controlled substance.

10. An oral agent for the treatment of closed angle glaucoma attack.

11. Except as provided in subsection B, paragraph 3 or 4, an oral nonsteroidal anti-inflammatory agent.

E. A licensee may use epinephrine auto-injectors to counteract an anaphylactic reaction. A licensee who uses auto-injectors may order and maintain anaphylactic-related supplies. The board shall require a licensee to maintain in the licensee's office medically necessary supportive equipment and supplies that are used in connection with the treatment of an anaphylactic reaction including oxygen equipment, airway maintenance equipment or other necessary equipment consistent with the prevailing standard of care as specified by the board.

32-1722. Qualifications of applicant; applications

- A. A person of good moral character, desiring to engage in the practice of the profession of optometry, shall file with the board not less than thirty days before the date on which an examination is to be held a verified application with the required application fee that includes:
1. The applicant's name, age and address.
 2. Documentation of graduation from a university or college teaching the profession of optometry and accredited by a nationally accepted accrediting body on optometric education.
 3. Documentation of satisfactory completion of an equivalent course of study approved by the board in didactic education, pharmacology and clinical training in the examination, diagnosis and treatment of conditions of the human eye and its adnexa that either:
 - (a) Meets the contemporary educational requirements at colleges of optometry in the United States.
 - (b) Totals at least one hundred twenty hours.
 4. Documentation of the successful passage of a written examination as prescribed by the board.
 5. Background information on a form prescribed by the attorney general for the purpose of conducting an investigation into the existence of prior arrests and convictions.
 6. Disclosure of any investigation conducted or pending by an optometric regulatory board in another jurisdiction in the United States.
- B. On receipt of an application in proper form and containing the information prescribed in subsection A of this section, the board may have an investigation made of the applicant's character, ability and experience.
- C. For the purposes of an investigation conducted pursuant to subsection B of this section, the board may subpoena witnesses, administer oaths and take testimony with respect to the character of the applicant or to any matter affecting the application at a hearing held after sufficient notice has been given.
- D. If the board finds that the applicant has passed the examination provided for under section 32-1723 or 32-1724 and that the applicant's character, ability and experience are satisfactory, the board shall issue a license.

32-1723. Licensure by endorsement

The Board shall waive the written examination requirements of this chapter if all of the following are true:

1. The applicant submits a license or a certified copy of a license to practice optometry issued by the regulatory board of another jurisdiction of the United States that has licensure requirements that the board determines meet or exceed the requirements of this chapter.
2. The applicant passes a practical examination as determined by the Board.

3. The license of the applicant has not been suspended or revoked by any other licensing jurisdiction of the United States for any cause that is a ground for suspension or revocation of a license under this chapter.
4. The applicant has not previously failed to pass the examination in this state after the applicant's admission to practice in the other licensing jurisdiction.
5. The applicant has been engaged in the practice of the profession of optometry continuously in the other licensing jurisdiction for not less than four of the five years immediately preceding the application.
6. The information provided by national data banks designated by the board has successfully verified the applicant.
7. The applicant offers proof of satisfactory completion of an equivalent course of study in clinical pharmacology that is approved by the board and that meets the contemporary educational requirements at colleges of optometry in the United States or that totals at least one hundred twenty hours.
8. The applicant offers proof of passing an examination approved by the Board in the treatment and management of ocular disease.
9. The applicant meets the requirements of section 32-1722 concerning good moral character.

32-1724. Examination of applicants; time of examination

- A. Licensing examinations shall be conducted and graded according to rules prescribed by the board. The board shall not grade examinations on a curve.
- B. The board may give applicants a written examination on subjects currently being taught in universities or colleges of optometry as well as on this state's statutes and rules relating to the practice of optometry. In lieu of its written examination for licensure, the board may accept documentation from the national board of examiners in optometry that shows that an applicant has passed board designated parts of the national board's examination not more than five years before January 1 of the year the applicant applies for licensure pursuant to section 32-1722. To receive a passing grade on a written examination administered by the board, an applicant shall receive a grade of not less than seventy-five per cent on the whole written examination and not less than fifty per cent in any one subject.
- C. The board may give applicants a practical examination on subjects currently being taught in universities or colleges of optometry and shall give an examination on this state's statutes and rules relating to optometry. To receive a passing grade on a practical examination, an applicant shall receive a grade of not less than seventy-five per cent.
- D. Examinations shall be held at least once each year in this state at times and places the board designates. Notice of examinations shall be given not less than sixty days before the date of examination. The board shall adopt rules to establish conditions under which an applicant who is unable to take the examination and who notifies the board before the date fixed for the examination may take the next examination.

32-1725. Issuance of license

Each applicant who satisfactorily passes the examination shall upon payment of the issuance fee be issued a license under the seal and signatures of the members of the board. Failure to pay the issuance fee within sixty days necessitates the retaking of the examination.

32-1727. Fees

A. The following fees shall be paid to the board:

1. For filing an application for examination, one hundred fifty dollars.
2. License fee or issuance fee, not to exceed two hundred dollars in even-numbered years and four hundred dollars in odd-numbered years.
3. Renewal of a license to practice the profession of optometry, not to exceed four hundred dollars.
4. Application for a license by reciprocity, three hundred dollars.
5. Duplicate license fee, thirty dollars.
6. Certificates of special qualification, twenty dollars.
7. Duplicate certificates of special qualification, twenty dollars.
8. Optometry statute pamphlet fee, five dollars.

- B. Fees are not refundable.

32-1728. Pharmaceutical agents; certification; use; course of study

- A. A licensee initially licensed after the effective date of the amendment to this section, a licensee licensed by endorsement after the effective date of the amendment to this section or a licensee who passed an examination conducted by the board for the use of oral pharmaceutical agents before the effective date of the amendment to this section may prescribe, dispense and administer a pharmaceutical agent subject to the limitations provided in this chapter.
- B. The board may reissue a certificate for renewal for the use of pharmaceutical agents, for topical diagnostic or topical therapeutic pharmaceutical agents, or both, to a person who holds an existing certificate issued on or before the effective date of the amendment to this section and who pays the certificate of special qualification fee prescribed in section 32-1727. The certificate may specify the following:
1. Use of drugs.
 2. Use of topical diagnostic agents.
 3. Use of topical diagnostic and therapeutic agents.
- C. The board may issue a certificate of special qualification to practice optometry without the use of pharmaceutical agents to a person who holds a current license as of July 1, 2000 and who pays the certificate of special qualification fee prescribed in section 32-1727.
- D. The board shall adopt a course of study for certification to use oral pharmaceuticals after consultation with colleges of optometry accredited by a nationally accepted accrediting body on optometric education and with the college of pharmacy at the university of Arizona. The board shall design and implement the course in a manner that requires a licensee who wishes to have the privilege of dispensing, prescribing and administering topical and oral pharmaceutical agents pursuant to this chapter meet the contemporary educational requirements related to pharmaceuticals authorized for licensees pursuant to this chapter at colleges of optometry in the United States and to demonstrate competence in dispensing, prescribing and administering those topical or oral pharmaceutical agents by passing examinations in those areas commensurate with doctoral candidates in colleges of optometry in the United States. The course of study shall teach and certify competence in the prescription and administration of topical or oral pharmaceutical agents pursuant to this chapter. The board shall adopt the course of study and completion requirements to reflect the current course of study and demonstrated competence level of pharmacy programs in colleges of optometry in the United States. The board may offer a course and examination that otherwise meets the requirements of this subsection and that is limited to oral pharmaceuticals for licensees who hold a valid diagnostic and therapeutic topical pharmaceutical permit issued pursuant to subsection A of this section.
- E. The board shall adopt a uniform prescription form for use by all licensees who have the privilege to prescribe, dispense and administer topical pharmaceuticals or oral pharmaceuticals. The prescription form shall indicate the prescribing authority of the licensees and whether the authority includes oral pharmaceuticals, topical pharmaceuticals or both oral pharmaceuticals and topical pharmaceuticals. The form shall include the name, address, telephone number, fax number and professional license number of the licensee.
- F. Annually on or before January 1 the state board of optometry shall mail to the Arizona state board of pharmacy the list of all licensees who have been certified to prescribe, dispense and administer either oral pharmaceuticals or topical pharmaceuticals, or both. Within thirty days of any additional certification by the state board of optometry, the state board of optometry shall provide updated lists to the Arizona state board of pharmacy. At the same time the state board of optometry shall send the list to each licensed pharmacy in Arizona, excluding hospital pharmacies, long-term care pharmacies and infusion pharmacies.

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R4-21-103. Fees

- A. In addition to fees established by A.R.S. § 32-1727, the Board shall charge license fees as follows:
1. License issuance fee of \$400 that is prorated from date of issuance to date of renewal.

2. Biennial license renewal fee of \$400 that is prorated to the licensee's renewal date if less than biennial renewal period.
3. Late renewal fee of \$200.

R4-21-201. Licensure

A. A person applying for licensure shall submit the following information on a licensure application form provided by the Board not later than 30 days before the date of the Board-designated jurisprudence exam:

1. The applicant's full name and social security number;
2. The applicant's place and date of birth;
3. The applicant's current mailing address;
4. The applicant's residence addresses for the past five years;
5. The applicant's educational background;
6. The applicant's previous optometric experience;
7. The applicant's work experience or occupation for the past five years;
8. A list of the applicant's previous state board examinations;
9. A list of the states in which the applicant is or has been licensed and, if a license is no longer valid, the reasons why;
10. Whether the applicant has ever been denied the right to take an examination for optometric licensure by any state or jurisdiction;
11. Whether the applicant has ever been refused an optometric license or renewal in any state or jurisdiction;
12. Whether the applicant has ever had a license or certificate of registration to practice optometry suspended or revoked by any optometric licensing agency, board, or equivalent;
13. Whether any disciplinary action has ever been instituted against the applicant by any optometric licensing agency or equivalent;
14. Whether the applicant has ever been convicted of, pled guilty or no contest to, or entered into diversion in lieu of prosecution for any criminal offense in any jurisdiction of the United States or foreign country;
15. Whether the applicant has been addicted to narcotic substances or habitually abused alcohol within the last 10 years;
16. Whether the applicant is presently addicted to narcotic substances or habitually abuses alcohol;
17. The applicant shall submit a complete explanation of the details if the answer to any of the questions in subsections (A)(12) through (A)(16) is affirmative;
18. A statement sworn under oath by the applicant verifying the truthfulness of the information provided; and
19. A two inch by three inch passport style photograph of the applicant taken within the past six months.

B. In addition to the requirements of subsection (A), an applicant for licensure shall submit:

1. A completed Arizona Department of Public Safety fingerprint card accompanied by a separate nonrefundable fee in the form of a cashier's check, certified check, or money order in an amount determined by and payable to the Arizona Department of Public Safety;
2. The application fees required pursuant to A.R.S. §32-1727;
3. Evidence of the successful completion of an approved course of study under A.R.S. §32-1722(A)(3).

Acceptable evidence includes:

- a. An official transcript showing that the applicant has passed the required optometry courses; or
 - b. A certificate of completion issued by the sponsoring institution specifying the subject matter and hours completed; and
1. An official transcript received directly from the optometry school from which the applicant graduated with a degree in optometry.

C. An applicant for licensure by endorsement shall submit at least 30 days before the date of the Board designated jurisprudence exam:

1. A license verification from all states in which the endorsement applicant has practiced in the five years before the date of application that provides the following information:
 2. Current status of the license;
 3. Scope of practice; and
 4. Date of licensure, license number, whether any disciplinary action has been taken, complaints against the licensee on file, and any pending investigations.
- D. Review and approval of regular and endorsement applications. The Board may approve a regular or endorsement application based upon any combination of education or experience as specified in A.R.S. §§ 32-1722 and 1723.

R4-21-205. Course of Study Approval

- A. Any educational institution may apply to the Board for approval of a course of study covering didactic education, pharmacology, and clinical training in the examination, diagnosis, and treatment of conditions of the human eye and its adnexa, and prescribing, dispensing, and administering pharmaceutical agents. The institution's authorized representative shall provide the following information on the application:
1. The name and address of the educational institution;
 2. Certification that the course of study is equivalent in scope and content to the curriculum currently offered to graduating students by the educational institution;
 3. The names and qualifications of faculty and staff;
 4. A course outline that includes:
 - a. Didactic pharmacology and clinical training in the diagnosis and treatment of:
 - i. Anterior segment disease;
 - ii. Posterior segment disease;
 - iii. Glaucoma; and
 - iv. Systemic diseases and emergencies with all pharmaceutical agents and the specific agents listed in A.R.S. §32-1706(A), (B), (C), and (E).
 - b. A minimum of 12 hours of pharmacologic principles in the side effects, adverse reactions, drug interactions, and use of systemic antibiotics, analgesics, antipyretics, antihistamines, over-the-counter medications, and medications and procedures to counter the affect of adverse reactions.
- B. To be approved, an educational institution shall grant a certificate of completion or its equivalent for the course of study if a student obtains a score of at least 75% on a closed book, proctored, written examination. The examination shall cover prescribing, dispensing, and administering pharmaceutical agents, and be commensurate with courses of study taken by current doctoral candidates in colleges of optometry.

¹ These statutes and rules are intended to give potential applicants guidance in the area of the Board's licensing requirements and should not be considered a complete and comprehensive list all statutes and rules governing the Arizona State Board of Optometry.